Credit Card Authorization



l,	, authorize the	e AT&T Conferenc	e Center to use	my credit card per t	he instructions below.
This authorization is for a: Hotel Roc	om Reservation	Group	Function	Restaurant	t/Bar Function
Guest/Group Name:					
Arrival/Event Date:	ival/Event Date: Departure Date:				
The following charges are authorized to be set <u>Hotel Charges:</u>	tled to the credit				
Guest Room & Occupancy Tax	Guarante	ee Guest Room/No	o Show Charge	Restaurant/Ba	ar Food
Restaurant/Bar Alcohol	Room Se	Room Service Food		Room Service Alcohol	
Overnight Self Parking	Overnigh	Overnight Valet Parking		Long Distance Telephone	
Other (Please Specify):		_			·
Event/Meeting Charges:	All Event	:/Meeting Charges	5		
Meeting Room	Banquet/Catering			Audio/Visual	
Day Self Parking	Day Vale	t Parking	Business Cen		er
Other (Please Specify):		_			
Full Name on Card:					
Billing Address:		Unit #:			
City:Stat		e: Zip Code:		::	
Telephone:	Email:				
American Express Diners Club		Discover	Maste	rCard	Visa
Last 4 digits only of card #:	CVV	/#:		piration Date:	
I authorize the AT&T Conference Center to obto charges marked above incurred by me or the p payment is not provided at the conclusion of th above referenced account for all outstanding r	erson/group nan he stay/function,	ned above during	the stay/functio	n. In the event that	another method of
Signature of Card Holder:				Date:	
Submit to:		Fax	Email		Telephone
Accounting - Group Functions, Restaurant/	Bar Functions	512-404-3695		attconf.utexas.edu	512-404-1900 x2044
Front Desk - Individual Hotel Room Reserve		512-404-1800		ttconf.utexas.edu	512-404-1900
Front Desk - After Hours & Weekends		512-404-1800	frontoffice@a	ttconf.utexas.edu	512-404-1900

After submitting by fax or email, please call to give the full credit card number. This form will not be accepted as a method of payment until the card holder speaks to a representative of the AT&T Conference Center.